

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title ::	DIAGNOSTIC METHOD BASED ON LIPID MEASURING PARAMETER MODULATIONS/EFFECTOR QUOTIENT PROFILES
Attorney Docket Number::	STURK0007
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	Yes
Latin Name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity

Given Name:: Hanns-Wolf  
Middle Name::  
Family Name:: BAENKLER  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full

Given Name:: Dirk  
Middle Name::  
Family Name:: SCHÄFER  
Name Suffix::  
City of Residence::  
State or Province of Residence::

Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

## **Correspondence Information**

Correspondence Customer Number :: 24203

Name::

Street of mailing address::

City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

Phone Number:: (703) 979-5700  
Fax Number:: (703) 979-7429  
E-Mail address:: [g&s@szipl.com](mailto:g&s@szipl.com)

## **Representative Information**

<b>Representative Customer Number::</b>	24203	
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## **Domestic Priority Information**

<b>Application ::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>

## **Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
PCT	PCT/EP02/06167	6/5/02	Yes
EP	01113712.2	6/5/01	Yes

## **Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::